VAN BÜREN HALL - FDD 115 SOUTH VAN BUREN STREET

GREEN BAY Phone: (920) 431-7190 Ownershi p: Non-Profit Corporation 54301 Highest Level License: Operated from 1/1 To 12/31 Days of Operation: 365 **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): **50** Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 50 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 43 Average Daily Census: 45

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01) %			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	9. 3
Supp. Home Care-Personal Care	No]	1 - 4 Years	16. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	95.3	More Than 4 Years	74. 4
Day Servi ces	No	Mental Illness (Org./Psy)	0.0	65 - 74	2. 3		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	2.3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	4. 7		
Transportation	No	Cerebrovascul ar	0. 0			RNs	2. 3
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	9. 6
Other Services	No	Respi ratory	0.0		·	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	55.8	Aides, & Orderlies	41. 5
Mentally Ill	Yes			Femal e	44. 2		
Provi de Day Programmi ng for			100. 0				
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				43	100.0	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	43	100. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		43	100.0		0	0.0		0	0.0		0	0.0		0	0.0		43	100. 0

County: Brown VAN BUREN HALL - FDD

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Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi ti ons	, Servi ces,	and Activities as of 12/	31/01
Deaths During Reporting Period	l			% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One Or '	Two Staff	Dependent l	Resi dents
Private Home/With Home Health	83. 3	Bathi ng	14.0	7	2. 1	14. 0	43
Other Nursing Homes	0.0	Dressi ng	67. 4	3	0. 2	2. 3	43
Acute Care Hospitals	0.0	Transferring	93. 0		4. 7	2. 3	43
Psych. HospMR/DD Facilities	0.0	Toilet Use	74. 4	2	3. 3	2. 3	43
Reĥabilitation Hospitals	0.0	Eati ng	90. 7		9. 3	0. 0	43
Other Locations	16. 7	***************	******	******	*******	********	*****
Total Number of Admissions	6	Continence		% Sp	ecial Treat	ements	%
Percent Discharges To:		Indwelling Or Externa	al Catheter		Recei vi ng I	Respi ratory Care	2. 3
Private Home/No Home Health	57. 1	0cc/Freq. Incontinent				Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel		Receiving S		0. 0
Other Nursing Homes	14. 3					Ostomy Care	2. 3
Acute Care Hospitals	0. 0	Mobility				Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0. 0	Receiving 1	Mechanically Altered Diets	0. 0
Reĥabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care		0t	her Resi deı	nt Characteristics	
Deaths	28. 6	With Pressure Sores				ce Directives	18. 6
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	7]	Recei vi ng I	Sychoactive Drugs	58 . 1

	Thi s]	FDD			
	Facility	Fac	cilities	Fac	ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90. 0	84. 6	1. 06	84. 6	1. 06	
Current Residents from In-County	69. 8	41. 3	1.69	77. 0	0. 91	
Admissions from In-County, Still Residing	66. 7	17. 0	3. 91	20. 8	3. 20	
Admissions/Average Daily Census	13. 3	18. 6	0. 72	128. 9	0. 10	
Di scharges/Average Daily Census	15. 6	22. 2	0. 70	130. 0	0. 12	
Discharges To Private Residence/Average Daily Census	8. 9	9. 4	0. 95	52. 8	0. 17	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	4. 7	15. 8	0. 29	87. 5	0. 05	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1. 46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	18. 6	50. 6	0. 37	49. 3	0. 38	
Psychological Problems	58. 1	46. 6	1. 25	51. 9	1. 12	
Nursing Care Required (Mean)*	1. 2	11. 0	0. 11	7. 3	0. 16	